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APPLICANTS

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** CONTINUING DATA *****

NONE *OK*

** FOREIGN APPLICATIONS *****

NONE *OK*IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/16/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>On file</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Lightweight electro-mechanical chest compression device

FILING FEE RECEIVED 567	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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